

## UT-PACT: Partnership for Advancing Clinical Transition

## LETTER OF EVALUATION COVERSHEET

APPLICANT:	
<ul> <li>Print this form, complete the required information in this applicant box and provide a copy of this coversheet to each letter writer when you request them to write a letter.</li> <li>Sign this UT-PACT coversheet (applicant must sign coversheet in the space below and choose to waive or retain rights)</li> </ul>	
UTD ID Number (applicant must provide valid ID	number in the space below that will link this letter to their application)
Applicant's Printed Name:	UTD ID Number:
☐ I WAIVE the right of access to and re	eview of this evaluation form and the accompanying letter.
☐ I RETAIN the right of access to and r	review of this evaluation form and the accompanying letter.
Applicant's Signature	Date
EVALUATOR:	
	amed applicant. Your candid evaluation is critical to the UT-PACT program du/prehealth/ut-pact for more information regarding lettersEmail Address
admissions process. Please visit <u>www.utdallas.e</u> Evaluator's Name	du/prehealth/ut-pact for more information regarding letters.
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Scan your complete letter with this coversheet Attach them as a single PDF to an email to: <a href="mailto:ut-pact@utdallas.edu">ut-pact@utdallas.edu</a>

Please notify your applicant upon your submission of this letter

Due before: **DECEMBER 1, 2015** 

Only emailed, PDF documents containing the required elements will be accepted \*UT-PACT application remains incomplete awaiting your coversheet and letter\*